| l  | Under the Paperwork  | Reduction Act of  | f 1995 no persons are requi                                      | U.S. Patent a red to respond to a collection | nd Trademark Offic                                       | use through 07/31/2006.<br>ce; U.S. DEPARTMENT ( | OF COMMERCE                     |  |
|--|--|---|--|--|--|--|---------------------------------|--|
|  | 08/2004.   |   | Complete if Known  |  |  |  |                                 |  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  |  |   |  | Application Number                           | 10/537,749   |  |                                 |  |
| FEE T  | SMI  | IIAL  | Filing Date  | June 6, 200                                  | June 6, 2005   |  |                                 |  |
|  | for FY 2   | 2011  |  | First Named Inventor                         | <u> </u>   | ne Lockridge, et al.                             |                                 |  |
|  |  |   |  | Examiner Name                                | Junior O. M  | lendoza  |                                 |  |
|  |  |   |  |  | 2423   |  |                                 |  |
|  |  |   | e 37 CFR 1.27  | Art Unit                                     | 1  |  |                                 |  |
| TOTAL AMOUNT O   | F PAYMENT  | (\$) 18   | 0.00   | Attorney Docket No.                          | PU020489   |  |                                 |  |
| METHOD OF PAYMENT  | check all that ap  | oly)  |  |  |  |  |                                 |  |
| ☐ Check ☐ Cr Customer Number 2 ☐ Deposit Accour For the above-ide ☐ Charge fe  | edit card [ 4498  nt: Deposit Accontified deposities (s) indicate (s) additional (s) GFR 1.16 (s) on this form (s) | Money  bunt Number t account, the d below fee(s) or u and 1.17 hay become | 07-0832<br>le Director is hereb<br>Inderpayments o               | f 🛛 Credit any                               | lame:<br>ock all that ap<br>o(s) indicated<br>overpaymer | d below, <b>excep</b><br>nts                     | ot for the filing fee           |  |
| FEE CALCULATION  |  |   |  |  |  |  |                                 |  |
| 1. BASIC FILING, SE  | EXAMINAT<br>EES<br>Small Entity  | SEAR  | CH FEES Small Entity   | EXAMIN                                       | IATION FEES<br><b>Small E</b> I                          | ntity  |                                 |  |
| Application Type   | Fee (\$)   | Fee (\$)  | Fee (\$)   | Fee (\$)                                     | Fee (\$)   | <u>Fee (\$)</u>                                  | Fees Paid (\$)                  |  |
| Utility  | 300  | 150   | 500  | 250  | 200  | 100  |                                 |  |
| Design   | 200  | 100   | 100  | 50   | 130  | 65   |                                 |  |
| Plant  | 200  | 100   | 300  | 150  | 160  | 80   |                                 |  |
| Reissue  | 300  | 150   | 500  | 250  | 600  | 300  |                                 |  |
| Provisional  | 200  | 100   | 0  | 0  | 0  | 0  |                                 |  |
| 2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  - 20 or HP = x 52 = HP = highest number of total claims paid for, if greater than 20. |  |   |  | Fee Paid (\$)<br>= _52                       | 5<br>2<br>3<br><u>M</u>                                  | Small E ee (\$) 0 00 60 fultiple Depende ee (\$) | <b>Fee (\$)</b> 25 100 180      |  |
|  | or HP =  | ra Claims   | Fee (\$)   | Fee Paid (\$)                                |  |  |                                 |  |
| HP = highest number of  3. APPLICATION SIZ If the specification and listings under 37 CFR sheets or fraction then  | ZE FEE<br>d drawings ex<br>a 1.52(e)), the<br>reof. See 35 L   | ceed 100 sh<br>application s<br>I.S.C. 41(a)(                             | neets of paper (excl<br>size fee due is \$25<br>1)(G) and 37 CFR | 0 (\$125 for small ent<br>1.16(s).           | ity) for each a  | additional 50                                    |                                 |  |
| <u>Total Sheets</u> - 100 =  | Extra She  | <u>/</u> /50 =  |  | ndditional 50 or frac                        |  | <u>Fee (\$)</u>                                  | <u>Fee Paid (\$)</u>            |  |
| 4. OTHER FEE(S) IDS Submission   |  |   |  |  |  |  | <u>Fees Paid (\$)</u><br>180.00 |  |

| SUBMITTED BY      |                   |                                      |        |              |              |  |  |  |  |
|-------------------|-------------------|--------------------------------------|--------|--------------|--------------|--|--|--|--|
| Name (Print/Type) | Michael A. Pugel  | Registration No.<br>(Attorney/Agent) | 57,368 | Telephone    | 317-587-4027 |  |  |  |  |
| Signature         | /Michael A. Pugel | /                                    | Date   | May 17, 2011 |              |  |  |  |  |
|                   |                   |                                      |        |              |              |  |  |  |  |

**Total Fees** 

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